## REIMBURSEMENT REQUEST FOR LARGE PROJECT EXPENDITURES Mail Reimbursement Request to: Applicant: Governor's Office of Emergency Services Grant Payments Unit OES ID#: 3650 Schriever Avenue Mather, California 95655 Please mark this box to indicate a change in the Authorized Agent Mailing Address below Large Project Expenditures **Expenditure Period CUMULATIVE** OES Project # or PW# From To EXPENDITURES TO DATE TOTAL Under penalty of perjury, I certify that: I am the duly authorized agent of the claimant herein, as appointed by the Governing Body Resolution (OES130) ▼ This claim is in all aspects true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances → This claim is for costs incurred within the approved Grant Performance Period Printed Name: Phone No. E-Mail Address Title: Fax No. Mailing Address: City/St/ZIP:

Signature

Date